

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-579110

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/			/	/
2	/	/			/	/
3	/	/			/	/
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TOTAL IND.	3					
TOTAL D	40					
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99	/	/				
100	/	/				
TOTAL IND.						
TOTAL D						
TOTAL CLAIMS						